

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1957

Registration District No.

318

Primary Registration District No.

1003

42449

STATE FILE NUMBER

Registrar's No. 11417

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS			c. CITY OR TOWN ST. LOUIS		
c. FULL NAME OF (If NOT in hospital, give location) 35 HOSPITAL OR INSTITUTION VET ADM HOSPITAL			d. STREET ADDRESS 1425 MISSOURI		
Length of stay in 1b 62 DAYS			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First WILLIAM Middle HENRY Last PERRY			4. DATE OF DEATH Month 11 Day 28 Year 57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1899	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 5 Days 23 Hours 12 Min. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BIASER			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) ELVINS, MISSOURI			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME WILLIAM PERRY			13b. MOTHER'S MAIDEN NAME ADDIE MC GORNEY		
14. NAME OF HUSBAND OR WIFE NONE			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW I		
16. SOCIAL SECURITY NO. 441-05-3919			17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EMPHYEMA, POST-OPERATIVE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BRONCHO-PLEURAL FISTULA, POST-OPERATIVE DUE TO (c) PNEUMOCONIOSIS DUE TO PULM. SCILICOSIS, 30 YEARS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CAVITATION OF THE LUNG DUE TO SCILICOSIS, 9 MO.					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 523.0		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. attended the deceased from Death occurred at 9-27-57 to 11-28-57 and last saw he on 11-28-57 m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE HEBERT LUKE (Degree of title) M. D.		
22b. ADDRESS VAH. ST. LOUIS, MO.			22c. DATE SIGNED 11-28-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL			23b. DATE 11/28/57		
23c. NAME OF CEMETERY OR CREMATORY Flat River, Mo			23d. LOCATION (City, town, or county) (State) Flat River, Mo		
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.			25. DATE RECD. BY LOCAL REG. NOV 29 57		
26. REGISTRAR'S SIGNATURE Earl Smith MO			27. (Licensed Embalmer's Statement on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Hadley F. Haulke Jr.

Licensed Embalmer No. *4950*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.